

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08/340,615	FILING DATE 3-31-00
APPLICANT(S)	

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				
2	/				
3	/				
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49	/				
50	/				
TOTAL IND.	4				
TOTAL DEP.	56				
TOTAL CLAIMS	60				

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IND.	DEP.	IND.
51	/	
52	/	
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TOTAL IND.		
TOTAL DEP.		
TOTAL CLAIMS		